

## UNITED STATES BANKRUPTCY COURT

## PROOF OF CLAIM

SOUTHERN

District of TEXAS

In re: (Name of Debtor)

Case Number

SPECIALTY RETAILERS INC

CHAPTER 11

00-35078-H2-11

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503

Name of Creditor

(The person or entity to whom the debtor owes money or property)

EMPLOYERS INSURANCE CO OF NEVADA

Name and Address Where Notices Should be Sent

EMPLOYERS INSURANCE CO OF NEVADA

ATTN: BANKRUPTCY DEPARTMENT

515 EAST MUSSER STREET

CARSON CITY NV 89714

Telephone No. 775-886-5372

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

☐ Check box if you never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

United States District Court  
Southern District of Texas  
RECEIVED  
JUL 3 2000  
Michael N. Milby, Clerk of Court  
THIS SPACE IS FOR COURT USE ONLY

Account or Other Number by Which Creditor Identifies Debtor:

Check here if this claim ☐ replaces or ☐ amends

ACCOUNT NUMBER: 304906.01

a previously filed claim, dated

## 1. BASIS OF CLAIM:

- ☐ Goods Sold  
☐ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☒ Taxes  
☐ Other (Describe briefly)

- ☐ Retiree benefits as defined in 11 U.S.C. 1114(a)  
☐ Wages, salaries and compensation (Fill out below)

Your social security number \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

THIS CLAIM IS NONDISCHARGEABLE UNDER 11 U.S.C. SEC 523 (a)(1)(A)

## 2. DATE DEBT WAS INCURRED:

THROUGH 06/01/00

## 3. IF COURT JUDGEMENT, DATE OBTAINED:

## 4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

☐ Secured Claim \$ \_\_\_\_\_

Attach evidence of perfection of security interest

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other (describe briefly)

Amount of arrearage and other charges at time case filed  
included in secured claim above, if any \$ \_\_\_\_\_

☒ Unsecured Nonpriority Claim \$ **8,886.00 (ESTIMATED)**

A claim is unsecured if there is no collateral or lien on  
property of the debtor securing the claim or to the extent  
that the value of such property is less than the amount  
of the claim.

☐ Unsecured Priority Claim \$ \_\_\_\_\_

Specify the priority of the claim.

☐ Wages, salaries or commissions (up to \$4000)\*, earned not more  
than 90 days before filing of the bankruptcy petition or  
cessation of the debtor's business, whichever is earlier -  
11 U.S.C. Sec 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. Sec 507(a)(4)

☐ Up to \$1800\* of deposits toward purchase, lease, or rental  
of property or services for personal, family or household  
use - 11 U.S.C. Sec 507(a)(6)

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or  
child- 11 U.S.C. Sec 507(a)(7)

☒ Taxes or penalties of governmental units-11 U.S.C. Sec 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. Sec 507(a) \_\_\_\_\_  
\*Amounts are subject to adjustment on 4/11/98  
and every 3 years thereafter with respect to cases  
commenced on or after the date of adjustment.

## 5. TOTAL AMOUNT OF

CLAIM AT THE TIME \$ **8,886.00**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ **8,886.00**

CASE FILED: (Unsecured)

(Secured)

(Priority)

(Total)

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE:

6/28/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this  
claim (attach copy of power of attorney, if any)

MAREMMA RANSOM, ACCOUNT REPRESENTATIVE

Penalty for presenting fraudulent claim: Fine of up to \$500,000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. Secs 152 and 3571.

THIS SPACE IS FOR COURT USE ONLY

915

\*\*\*THIS IS A TENTATIVE CLAIM AS THE FINAL AUDIT HAS NOT BEEN COMPLETED. WILL FILE AMENDED AT COMPLETION OF AUDIT.\*\*\*

MAILED TO: ANDREW E JILLSON ESQ

MAILED ON: 6/28/00 MAILED BY: M.M. RANSOM

NWC 304906 00                      Policy Statistical Info                      SPECIALTY RETAILERS INC

Direct	Div	Governing	Anniversary	Pol	Pol
Bill	Par	Class	Date	Form	Group
Y	N	680501		COM	

Minimum	Deposit	Comm	Estimated		-Each Accident
Premium	Premium	Rate	Premium	Lmt	-Policy Limit
120.00			8886.00		-Each Employee

----- Audit -----	Check	---- Installment ---	Cancel	Company	Rate
Freq Days Print Form	Audit	Freq Days Print Form	Days	R/I Grp	Tier
A 30 WCAUDIT	N	Q 30 WCINSTALL	30	00	

	Loss	Emp
Undwr	Cntrl	Audit
F0000	00311	Rep

	Assign	Cost	-- Interstate --		Lease
Retro	Risk	Rating	Rating	Date	Co. Ind.
N	N	N		01	N